

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

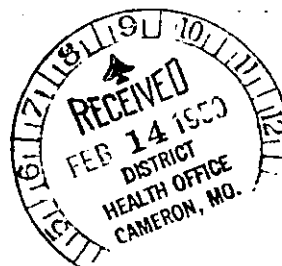
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State File No.

BIRTH NO.		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u> c. LENGTH OF STAY (in this place) <u>2 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Rest Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u> d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Miriam</u> b. (Middle) <u>C</u> c. (Last) <u>Mansteller</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>2-7-50</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6-25-1856</u>	
9. AGE (In years last birthday) <u>93</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Edward Ellis</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ford</u>		14. NAME OF HUSBAND OR WIFE <u>Frank</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>42221</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fay Breeden Gallatin</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardio-Vasc. Disease</u> <u>with terminal Cardiac failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 1</u> , 19 <u>49</u> , to <u>2/7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/6</u> , 19 <u>50</u> , and that death occurred at <u>10:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leonard R. Lee, M.D.</u>				23b. ADDRESS <u>Bethany, Mo.</u>		23c. DATE SIGNED <u>2/8/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>		24d. LOCATION (City, town, or county) (State) <u>Albany, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-9-1950</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Haas</u> <u>Bethany, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.